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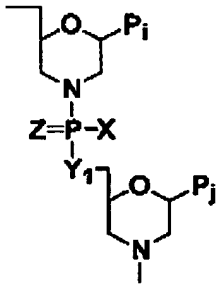
Amendments to the Claims:

1.-27. (Cancelled)

28. (Previously presented) A method for treating a vascular injury site in a human patient by reducing restenosis at the site, said method comprising:

administering to the patient, by intravascular delivery directly to the vascular injury site, a morpholino antisense compound having uncharged phosphorodiamidate intersubunit linkages of the form:



where X=N(CH_3)$_2$, Y=O, Z=O, and Pi and Pj are independently selected from adenine, guanine, cytosine, thymine and uracil; and comprising the sequence identified as SEQ ID NO: 1, in an amount effective to reduce restenosis in the patient.

29.-31. (Cancelled)

32. (Previously presented) The method of claim 28, wherein said administering is carried out by injecting the antisense compound from an injection balloon catheter directly into the vascular injury site, under pressure, through injectors contained on the surface of the catheter balloon, wherein the vascular injury site comprises a vascular wall having a tunica media and wherein said injectors are capable of penetrating the tunica media in the vascular wall.

33. (Previously presented) The method of claim 32, wherein the catheter balloon has a plurality of outer-facing channels that are connected to a drug-delivery

lumen of the catheter, each channel having one or more injection ports, and said injecting includes forcing a solution or suspension of the antisense compound from said drug-delivery lumen through said injection ports when the balloon is in an inflated position.

34. (Previously presented) The method of claim 33, wherein the amount of antisense compound administered is between 5 and 20 mg.

35. (Previously presented) The method of claim 28, wherein said administering is carried out by contacting the vascular injury site with an intravascular stent having a coating containing the antisense compound in diffusible form.

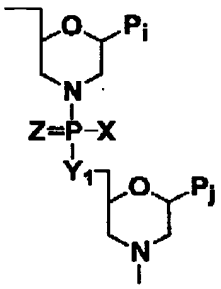
36. (Previously presented) The method of claim 35, wherein the coating is designed to release the majority of the antisense compound in the coating over a period of 5-60 minutes following balloon angioplasty.

37. (Previously presented) The method of claim 36, wherein the intravascular stent is biodegradable.

38.-40. (Cancelled).

41. (Previously presented) A method for treating a vascular injury site in a human patient, said method comprising:

providing an intravascular stent wherein said stent or a coating on said stent contains a morpholino antisense compound in diffusible form, wherein the morpholino antisense compound has uncharged phosphorodiamidate intersubunit linkages of the form:



where X=N(CH_3)$_2$, Y=O, and Z=O, and Pi and Pj are independently selected from adenine, guanine, cytosine, thymine and uracil; and comprises the sequence identified as SEQ ID NO: 1, and

contacting the vascular injury site with said stent, effective to administer said compound to the patient, in an amount effective to reduce restenosis in the patient.

42-44. (Cancelled)

45. (Previously presented) The method of claim 41, wherein the coating is designed to release the majority of the antisense compound in the coating over a period of 5-60 minutes following balloon angioplasty.

46. (Previously presented) The method of claim 41, wherein the stent is biodegradable.

47. (Previously presented) The method of claim 41, wherein the compound is derivatized with a moiety that enhances the solubility of the compound in aqueous medium, to a level of at least about 30 mg/ml of the antisense compound.

48. (Previously presented) The method of claim 47, wherein said moiety is triethyleneglycol attached to the 5' end of the compound.

49. (Previously presented) The method of claim 41, wherein said contacting comprises placing the stent at the vessel site at the time of balloon angioplasty or during coronary bypass surgery.